

Microbiology Submission Form

Food Plant Microbiology for FSA

Please ensure that this form is completed fully and accurately. Missing, erroneous or incomplete data may result in delays in sending final reports. Samples must be sent in full compliance with the relevant postal regulations.

Company name and address:	
Tel:	Fax:
E-mail:	

Site name and address:
CPH Number:
Producer Establishment Number: ____/UK/____

Additional Information:

Date of sampling	
Time of sampling	
Collected by	

Tests Required (Please Tick)	
Salmonella	
TVC and Enterobacteriaceae	
Other (please specify)	

Carcase Sponge Swabs:

Sample Number	Origin of Animal (Farm Postcode / Slaughtering Ref)	Species	Width of Sponge Wipe (cm) (Normally 6 or 8)	Length of Sponge Wipe (cm) (Normally 100)	LAB USE
1					
2					
3					
4					
5					

Environmental Surface Swabs:

Sample Number	Sample ID	Comments	LAB USE
1			
2			
3			
4			
5			

Laboratory Use Only

Date of Receipt:	RFN:	R:	QC:
No of Samples:	Databased:	Final report sent:	
Booked in By:	NBS Ref Range:		